



PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Avenue, Quezon City
ALTERNATIVE MODE

REQUEST FOR QUOTATION
 No. RFQ-2024-066

Date: _____
 Name of Supplier: _____
 Address: _____
 Telephone No. _____

Please quote your lowest price as per specifications per item listed below thru Alternative Mode of Procurement - Negotiated Procurement - Small Value) on or before **February 14, 2024** .

Please fax your quotation at 8588-9997 or email at pcmcproc@gmail.com / Attention: **MS. LOVELY M. ALGODON**

ITEM NO.	QTY	UNIT	DESCRIPTION	ABC/UNIT	TOTAL ABC	SUPPLIER'S OFFER	
						UNIT COST	TOTAL COST
1	1	issue	Statistical Software for Power Analysis and Sample Size (Subscription)	150,000.00	150,000.00		
TOTAL ABC					150,000.00		

Please indicate your Delivery Terms (In number of days)

Delivery Period:

Documentary Requirements:
 Nego. Proc (53.9) - Small Value
 PhilGEPS Ref #: 10539265
 Mayor's/ Business Permit
 PhilGEPS Reg. No
 ITR [for ABC above 500k]
 Omnibus Sworn Statement [for ABC above 500k]

Chit 27-2024

 Signature over Printed Name
 Name of Supplier _____

*For Certificate of Creditable Tax Withheld at Source (BIR Form No. 2307) and Certificate of Final Tax Withheld at Source (BIR Form No. 2306) please submit your latest/updated **BIR Certificate of Registration (BIR Form No. 2303)** together with your quote.